

NOTIFICATION OF DEMOLITION AND RENOVATION

Job# 25009

ENV. PROT. AGENCY
REGION II

| | | | |
|--------------------|----------|---------------|----------------|
| Operator Project # | Postmark | Date Received | Notification # |
|--------------------|----------|---------------|----------------|

2016 OCT 11 PM 3:28

TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): R

FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):

AIR COMPLIANCE BR.

William

OWNER NAME: Long Island Railroad

Address: (4)146-01 Archer Avenue, F&A, 1st Floor, Mail Code 1428

| | | |
|---------------|-----------------|------------|
| City: Jamaica | State: New York | Zip: 11435 |
|---------------|-----------------|------------|

| | |
|------------------------------|-------------------------|
| Contact Name: William Keenan | Telephone: 718-558-3650 |
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REMOVAL CONTRACTOR: Pinnacle Environmental Corp.

Address: 200 Broad Street

| | | |
|-----------------|-----------|------------|
| City: Carlstadt | State: NJ | Zip: 07072 |
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|------------------------------|-------------------------|
| Contact Name: Joseph Patrick | Telephone: 201-939-6565 |
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OTHER CONTRACTOR:

Address:

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

| | |
|---------------|------------|
| Contact Name: | Telephone: |
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TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R

IS ASBESTOS PRESENT? (YES NO) Yes

FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)

Building Name: Port Washington Substation

Address: South Bayles Avenue & Davis Avenue

| | | |
|-----------------------|-----------------|----------------|
| City: Port Washington | State: New York | County: Nassau |
|-----------------------|-----------------|----------------|

Site Location: Throughout

| | | |
|------------------------|----------------|--------------------------|
| Building Size: 2,100SF | # of Floors: 2 | Age In Years: 75 years + |
|------------------------|----------------|--------------------------|

| | |
|-------------------------|------------|
| Present Use: Substation | Prior Use: |
|-------------------------|------------|

Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material:
PLM - Polarized Light Microscopy

| Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed | RACM to be removed | Nonfriable Asbestos Material not to be removed | | Indicate Unit of Measurement Below | |
|---|---|--|--------|------------------------------------|-------|
| | | CAT I | CAT II | UNIT | |
| Pipes | 11,818 | | | LnFt: x | Ln M: |
| Surface Area | 1,296 | | | SqFt: x | Sq M: |
| Vol. RACM off Facility Component | | | | CuFt: | Cu M: |
| Scheduled Dates Asbestos Removal (mm/dd/yy) | Start: 08-17-16(1)Job on Hold(2)09-07-16 (3)Job on Hold(5)09-23-16(6)Job on Hold | | | Complete: 08-17-17 | |
| Schedules Dates Demo/Renovation (mm/dd/yy) | Start: | | | Complete: | |

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: Tri State Transfer, Inc.
Address: 1199 Randall Avenue
City: Bronx
State: NY
Zip: 10474
Contact Name: Jimmy Byrne
Telephone: 718-617-0771

WASTE TRANSPORTER #2

Name: ATC, Inc. / #3- PCC Construction & Contractors, Inc.
Address: 2 Moriches Middle Island Road / #3- 200 Broad Street
City: Shirley / #3- Carlstadt
State: NY / #3 - NJ
Zip: 11967 / #3 - 07072
Contact Name: Kenny Smith / #3- Joseph Whelan
Telephone: 631-924-5050 / #3 -201-939-6565

WASTE DISPOSAL SITE (#1 or #2)

Name: Minerva Enterprises, Inc.
Address: 9000 Minerva Road
City: Waynesburg
State: OH
Zip: 44688
Telephone: 330-866-3435

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: Title:
Authority: Date Ordered to Begin(mm/dd/yy):
Date of Order (mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator Date: 08-03-16(1)08-12-16(2)08-17-16(3)09-02-16(4)09-15-16(5)09-16-16(6)10-04-16

I certify that the above information is correct.

Signature of Owner/Operator Date: 08-03-16(1)08-12-16(2)08-17-16(3)09-02-16(4)09-15-16(5)09-16-16(6)10-04-16